

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. C A D 0 8 6 5 1 0 0 0 5 | Manifest Document No. | 2. Page 1 of 11 | Information in the shaded areas is not required by Federal law. | |
|---|--|---|--|-----------------|---|-----------------|
| 3. Generator's Name and Mailing Address Douglas Aircraft Co. 190th & Normandie Torrance, CA 90502 | | | A.State Manifest Document Number 84827615 | | B.State Generator's ID | |
| 4. Generator's Phone (213 533-6677) | | | C.State Transporter's ID 64764 | | D.Transporter's Phone 213-268-3137 | |
| 5. Transporter 1 Company Name J. C. Liquid Waste Disposal | | | 6. US EPA ID Number C A D 0 5 8 0 1 8 3 6 7 | | E.State Transporter's ID | |
| 7. Transporter 2 Company Name | | | 8. US EPA ID Number | | F.Transporter's Phone | |
| 9. Designated Facility Name and Site Address Triple J 3650 E. 26th St. Vernon, CA | | | 10. US EPA ID Number C A T 0 8 0 0 3 3 6 8 | | G.State Facility's ID | |
| | | | | | H.Facility's Phone | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol |
| a. Hazardous Waste Liquid NOS ORM-E NA9189 | | | 001 | TT | 05000 | G |
| b. | | | | | | |
| c. | | | | | | |
| d. | | | | | | |
| J. Additional Descriptions for Materials Listed Above Alkaline Soap 5% Grease 2% Oil 3% Water 90% | | | K.Handling Codes for Wastes Listed Above 01 | | | |
| 15. Special Handling Instructions and Additional Information Guide #31 Use gloves, goggles, respirator - Do not go near open flame or inhale fumes. If rejected, return to Douglas | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. | | | | | | |
| Printed/Typed Name Donald C. Gerber | | | Signature <i>Donald C. Gerber</i> | | Date Month Day Year 04 25 86 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | Date | |
| Printed/Typed Name SANTOS YBARRA W/056635 | | | Signature <i>Santos Ybarra</i> | | Month Day Year 04 25 86 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | Date | |
| Printed/Typed Name | | | Signature | | Month Day Year | |
| 19. Discrepancy Indication Space | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | |
| Printed/Typed Name Lambert Ding for Triple J | | | Signature <i>Lambert Ding</i> | | Date Month Day Year 04 25 86 | |

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| 5. Transporter 1 Company Name J. C. Liquid Waste Disposal | | 6. US EPA ID Number C A D 0 5 8 0 1 8 3 6 7 | | C.State Transporter's ID 64704 ✓ | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D.Transporter's Phone 213 268-3137 | | | |
| 9. Designated Facility Name and Site Address Triple J 3650 E. 26th St. Vernon, CA | | 10. US EPA ID Number C A T 0 8 0 0 3 3 6 8 | | E.State Transporter's ID | | | |
| | | | | F.Transporter's Phone | | | |
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| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | 12.Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
| a. Hazardous Waste Liquid NOS ORM-E NA9189 | | | 001 | TT | 05000 | G | 221 |
| b. | | | | | | | |
| c. | | | | | | | |
| d. | | | | | | | |
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| Printed/Typed Name Donald C. Gerber | | | Signature Donald C. Gerber | | Date Month Day Year 04 25 86 | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | Date | | | | |
| Printed/Typed Name SANTOS YBARRA W/056635 | | | Signature Santos Ybarra | | Month Day Year 04 25 86 | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | Date | | | | |
| Printed/Typed Name | | | Signature | | Month Day Year | | |
| 19. Discrepancy Indication Space | | | | | | | |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. | | | | | | | |
| Printed/Typed Name | | | Signature | | Date Month Day Year | | |